		RDER FOR COM		=MS	1. REQUIS	SITION NU 4911	MBER)217	PAGE 1 O	1		
OFFEROR TO COMPLETE BLOCKS 12, 17, 23, 24, & 2 CONTRACT NO. 3. AWARD/EFFECTIVE 4				4. ORDER NUMBER		5. SOLICITATION NUMBER			TATION IS	SUE	
2 001111101110	m and the second	DATE (mm-dd-yyyy)			N44382N			DATE (ry)	
7 FOR SOLICITATION . a. NAME				b. TELEF		HONE NUM	ONE NUMBER (No collect		8. OFFER DUE DATE/		
INFORMATION CALL: Riyaz Ahmed Mulla				calls) 05388			87400	LOCAL 12/1	TIME 10/2015	17	
9. ISSUED BY	Kiya	CODE	SF200		QUISITION I	S		750000000000000000000000000000000000000			
GENERAL SER AMERICAN CC P.O. BOX 38955 DHAHRAN 319 SAUDI ARABIA	NAICS: SIZE STAN	TRICTED OF	3	SET ASIDE: % FOR SMALL BUSINESS EMERGING SMALL BUSINESS BUSINESS SERVICE-DISABLED VETERAN- OWNED SMALL BUSINESS 13b. RATING							
DESTINATION I BLOCK IS MAR	UNLESS KED	12. DISCOUNT TER		13a. F	THIS CONT RATED ORD JNDER DPA 700)	DER	14. METHOD	OF SOLICITA		FP	
15. DELIVERY TO CODE AMERICAN CONSULATE GENERAL - DHAHRAN P.O. BOX 38955 - ATTN:GSO/PROCUREMENT DHAHRAN 31942 SAUDI ARABIA					16. ADMINISTERED BY CODE AMERICAN CONSULATE GENERAL - DHAHRAN P.O. BOX 38955 - ATTN:GSO/PROCUREMENT DHAHRAN 31942 SAUDI ARABIA 18a. PAYMENT WILL BE MADE BY CODE						
OFFEROR	OR/ CODE	FACILITY CODE		Finance M	lanager Embassy R			3002			
TELEPHONE NO											
17b CHECK IF F	REMITTANCE IS DIFFE	RENT AND PUT SUCH AD	DDRESS IN		T INVOICES TO V IS CHECKED		SHOWN IN BLOCK 18	3a UNLESS BLOC	CK		
19. ITEM NO.	20. SCHEDULE OF SUPPLIES/SERVICES			QU	21. ANTITY	22. UNIT	23. UNIT PF	23. 2 UNIT PRICE AMC			
01	Language Instructor for POST Language Program at Dhahran Consulate				1	ea		0.00		0.00	
(Use Reverse and/or Attach Additional Sheets as Necessary) 25 ACCOUNTING AND APPROPRIATION DATA					26. TOTAL AWA			RD AMOUNT (F	or Govt. Us	e Only)	
25. ACCOUNTING	AND APPROPRIA	IONDATA					20, 10 .712711711			0.00	
27a SOLICITA	TION INCORPORATES	BY REFERENCE FAR 52.	212-1, 52.212-4. FA	R 52.212-3 AND	52.212-5 ARE	ATTACHED	ADDENDA	ARE AR	E NOT AT	ACHED	
		INCORPORATES BY REF						ARE AR	RE NOT AT	ACHED	
28 CONTRA AND RETURN CONTRACTO FORTH OR O SHEETS SUB HEREIN.	CTOR IS REQUIRE COR AGREES TO FUI THERWISE IDENTI	D TO SIGN THIS DOCI DPIES TO ISSUING OF RNISH AND DELIVER FIED ABOVE AND ON MS AND CONDITIONS	UMENT AND FICE. ALL ITEMS SET ANY ADDITIONA	DA INC	AWARD OF TED	F CONTRA dd-yyyy) Y ADDITIO CEPTED A		WHICH ARE S	ET FORT	Н	
					ن د	Bane	1 R Blas	les.			
30b. NAME AND TITLE OF SIGNER (Type or print) 30c. DATE SI (mm-dd-				ууу)	R. Blades	NTRACTI	G OFFICER (Type	or Print 31	c. DATE 9 (mm-de 11-30-	d-yyyy)	
AUTUODIZED EG	DRIOCAL BERROE	UCTION		Dairy	A. Diddes		STANDAF	D FORM 144			